

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Jeffrey William Moehlenbruck, et al.

Serial No.: 10/812,268

Filed: March 29, 2004

For: METHODS AND COMPOSITIONS
FOR TREATING INTERVERTEBRAL DISC
DEGENERATION

Group Art Unit: 1656

Examiner: TSAY, MARSHA M

Atty. Dkt. No.: 13461.0055.DVUS02
(previously 2103.013882)

Client Ref. No. SBI-064-US3-DIV

Confirmation No. 2977

TRANSMITTAL OF ISSUE FEE

Mail Stop: ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this paper is being electronically transmitted to the U.S.
Patent & Trademark Office at www.uspto.gov on the date below:

June 3, 2009
Date

Leticia Haney
Leticia Haney

Sir:

In response to the Notice of Allowance and Issue Fee Due dated March 3, 2009, we have enclosed a completed Issue Fee Transmittal form (authorizing use of deposit account to pay fee).

It is believed that a combined total for the Issue Fee and Publication Fee for a large entity is \$1,810.00. Therefore, the Commissioner is authorized to charge the fee of \$1,810.00 to Howrey LLP Deposit Account No. 08-3038/13461.0055.DVUS02. Should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason, the Commissioner is authorized to deduct said fees from Howrey LLP Deposit Account No. 08-3038/13461.0055.DVUS02.


Please forward any reply to this communication directly to our Northern Virginia Office for docketing purposes. The mailing address is 2941 Fairview Park Drive, Suite 200, Falls Church, Virginia 22042. The Northern Virginia fax number is 703.336.6950. **Please note that since the**

Commissioner for Patents
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Page 2

**notice of allowance was mailed, the power of attorney for this application has changed.
The new Power of Attorney was accepted on March 31, 2009.**

Respectfully submitted,

Date: June 3, 2009
HOWREY LLP
2941 Fairview Park Drive, Suite 200
Falls Church, VA 22042
(713) 787-1400


Heather M. Khassian
Reg. No. 55,194
ATTORNEY FOR ASSIGNEE

Transmittal of Issue Fee

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

45488 7590 03/03/2009

WILLIAMS, MORGAN & AMERSON
10333 RICHMOND, SUITE 1100
HOUSTON, TX 77042

*Please note new power of attorney
was accepted on 3/31/09*

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|------------------------------|--------------------------|------------------|
| 10/812,268 | 03/29/2004 | Jeffrey William Moehlenbruck | 2103.013882/SB1064US3DIV | 2977 |

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR TREATING INTERVERTEBRAL DISC DEGENERATION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 06/03/2009 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| TSAY, MARSHAM | 1656 | 623-017110 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. HOWREY LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ZIMMER ORTHOBIOLOGICS, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

AUSTIN, TEXAS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-3038 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

13461.0055.DVUS02

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Heather M. Khassian

Date June 3, 2009

Typed or printed name

Heather M. Khassian

Registration No. 55,194

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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